



NATIONAL FLU AWARENESS MONTH

Preventing the Spread of Influenza (the Flu)

TOPIC: *COLD AND FLU SEASON*

Audience: Nursing and Health Care Providers

Symptoms

Symptoms of flu include fever (usually high), headache, tiredness, cough, sore throat, runny or stuffy nose, and muscle aches. Nausea, vomiting, and diarrhea also can occur, but are much more common in children than adults.

Spread of the Flu

Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

Preventing Spread of the Flu

The single best way to protect yourself and others against influenza is to get a flu vaccination each year. Two kinds of flu vaccine are available in the United States:

- The "flu shot" — an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions (such as asthma, diabetes, or heart disease). See also [Questions & Answers: Seasonal Flu Shot](#).
- The nasal-spray flu vaccine — a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "live attenuated influenza vaccine" or FluMist®). LAIV (FluMist®) is approved for use in healthy* people 2-49 years of age† who are not pregnant.

October or November is the best time to get vaccinated, but getting vaccinated in December or even later can still be beneficial since most influenza activity occurs in January or later in most years. Though it varies, flu season can last as late as May.



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About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body. Vaccination, along with other measures, also may help to decrease the spread of influenza among children in the child care setting and among care providers.

Persons for Whom Annual Vaccination is Recommended

- People of any age who have medical conditions (such as asthma, diabetes, or heart disease) that place them at increased risk for serious influenza-related complications.
- Vaccination for Adults
 - Vaccination is especially important for people at higher risk of serious influenza complications or people who live with or care for people at higher risk for serious complications.
 - Persons working in health care settings also should be vaccinated annually against influenza.
 - Vaccination of health care professionals has been associated with reduced work absenteeism and with fewer deaths among nursing home patients.

Persons Who Should Not Be Vaccinated

TIV

TIV should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine. Prophylactic use of antiviral agents is an option for preventing influenza among such persons. Information about vaccine components is located in package inserts from each manufacturer. Persons with moderate to severe acute febrile illness usually should not be vaccinated until their symptoms have abated. However, minor illnesses with or without fever do not contraindicate use of influenza vaccine. GBS within 6 weeks following a previous dose of TIV is considered to be a precaution for use of TIV.

LAIV

The effectiveness or safety of LAIV is not known for the following groups, and these persons should not be vaccinated with LAIV:

- persons with a history of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs.
- persons aged <2 years or those aged 50 years and older;
- persons with any of the underlying medical conditions that serve as an indication for routine influenza vaccination, including asthma, reactive airways disease, or other chronic disorders of the pulmonary or cardiovascular systems; other underlying medical conditions, including such metabolic diseases as diabetes, renal dysfunction, and



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hemoglobinopathies; or known or suspected immunodeficiency diseases or immunosuppressed states;

- children aged 2--4 years whose parents or caregivers report that a health-care provider has told them during the preceding 12 months that their child had wheezing or asthma, or whose medical record indicates a wheezing episode has occurred during the preceding 12 months;
- children or adolescents receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza virus infection);
- persons with a history of GBS after influenza vaccination; or
- pregnant women

Other Resources

* "Healthy" indicates persons who do not have an underlying medical condition that predisposes them to influenza complications.

† On October 24, 2007 [CDC's Advisory Committee on Immunization Practices \(ACIP\)](#) recommended expanding the use of the nasal influenza vaccine LAIV (FluMist®) to include healthy children ages 2-4 years old (24-59 months old) without a history of asthma or recurrent wheezing. The vaccine continues to be recommended for healthy persons ages 5-49 years who are not pregnant.

Myth

You can catch the flu from a flu shot

Fact: The flu vaccine is made from an inactivated virus, so a person cannot get the flu from a flu shot. Some people may be sore at the spot where the vaccination was injected, and in a few cases, may develop a fever, muscle aches, and feel unwell for a day or two. In very rare cases when a person is allergic to the vaccine, there may be an immediate reaction.

Additional Resource

DC Health Resources Partnership <http://dchrp.org/>

Centers for Disease Control (CDC) <http://www.cdc.gov/>

The American Lung Association <http://lungusa.org>

Medline Plus – National Institutes of Health <http://www.nlm.nih.gov/medlineplus>

DC Department of Health <http://doh.dc.gov/doh>